



# BENTON CLEAN AIR AGENCY

## NOTICE OF INTENT TO INSTALL OR OPERATE A SOURCE OF AIR POLLUTION

### Temporary Generator or Internal Combustion Unit

*For Agency Use Only*

Fee Recd: \_\_\_\_\_

NIO #: \_\_\_\_\_

#### General Information

Facility Name: _____ Facility Address _____  Responsible Official: _____ Phone: _____ Fax: _____ E-mail: _____	Applicant Name: _____ Applicant Address _____  Contact Person: _____ Phone: _____ Fax: _____ E-mail: _____
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#### Installation Information

Installer Company Name: _____ Installer Address _____  Contact Person: _____ Phone: _____ Fax: _____ Type of business: <input type="checkbox"/> New <input type="checkbox"/> Existing	Operating: ___/___/___ To: ___/___/___ Operating hours: From _____ to _____  Operating days: <input type="checkbox"/> Su <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sa Operating weeks per year: _____ <b>NOTE: Maximum operating period is one year.</b> Facility registered with BCAA? <input type="checkbox"/> Yes <input type="checkbox"/> No
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#### Unit Information

Make and model of generator or IC engine: _____	Make and model of burner(s), if applicable: _____
Maximum Fuel Rate: _____ per hr	Size of IC engine (bhp): _____ Number of cylinders: _____
Number of units being installed/modified: _____	Status of Unit: <input type="checkbox"/> New <input type="checkbox"/> Used <input type="checkbox"/> Existing
Fuel(s) burned: _____	Rated Capacity of unit: _____ MMBTU/hr

Manufacturer's guaranteed emission rate @ 3% O<sub>2</sub>

CO (ppm <sub>v</sub> )	NO <sub>x</sub> (ppm <sub>v</sub> )	SO <sub>x</sub> (ppm <sub>v</sub> )	HC or VOC (ppm <sub>v</sub> )	PM <sub>10</sub> (lbs/MMBtu)	PM <sub>2.5</sub> (lbs/MMBtu)

Will NO <sub>x</sub> controls be installed? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, which type of control is installed? <input type="checkbox"/> Low NO <sub>x</sub> burners <input type="checkbox"/> Flue gas recirculation <input type="checkbox"/> Staged gas combustion <input type="checkbox"/> Other _____ Is unit equipped with low excess air (O <sub>2</sub> ) meter? <input type="checkbox"/> Yes <input type="checkbox"/> No
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### Unit Exhaust Stack Information

Stack ground height (ft)	Flow Rate (scfm)	Exit Temperature (°F)	Internal Stack Diam. (ft)
How does the exhaust exit the stack? <input type="checkbox"/> Vertical <input type="checkbox"/> Horizontal <input type="checkbox"/> Other _____			
Will a stack cap or rain guard be installed? <input type="checkbox"/> Yes <input type="checkbox"/> No (if yes, submit a design drawing)			

### Modeling Information

Distance from stack to nearest property line (ft)
Describe any dispersion modeling that has been done for this stack. Attach report or modeling results.

### Other Information

<ul style="list-style-type: none"><li>▪ Plot plan showing the entire facility, buildings within 200 ft of proposed installation/modification, including cross streets, property lines, and location of the proposed unit. (REQUIRED)</li><li>▪ Flow diagram of the process (REQUIRED)</li><li>▪ Environmental Checklist (SEPA) or DNS (REQUIRED) SEPA Date _____ or DNS Date _____ Agency issuing Environmental Determination _____</li><li>▪ Any emissions information, including particulate, NO<sub>x</sub>, SO<sub>2</sub>, CO, VOCs, lead, or toxics. (IF AVAILABLE) <i>Note: if no emissions information is available, a combustion analysis and/or a source test may be required.</i></li><li>▪ Manufacturer and/or vendor information on process and air pollution control equipment being installed or modified (IF AVAILABLE)</li></ul>
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### 8. Owner, Operator, or Responsible Agent Signature

I hereby certify that the information contained in this application, including any attached supplemental information, is to the best of my knowledge complete and correct.

_____	_____
Signature	Date
_____	_____
Printed Name	Phone Number